

12-7-90
12.3.8 v.5

DEC 7 1990

KING COUNTY SOLID WASTE DIVISION

WASTE CLEARANCE FORM
(Please print in ink or type)

Waste Clearance No. _____
(Agency Use)

PART A. TO BE COMPLETED BY THE GENERATOR:

Generator Name and Address:

_____ Contact: _____
_____ Tel. No: _____
_____ FAX No: _____

EPA/State Identification Number, if available: _____

Hauler Name and Address:

_____ Contact: _____
_____ Tel. No: _____
_____ FAX No: _____

Consultant Name and Address:

_____ Contact: _____
_____ Tel. No: _____
_____ FAX. No: _____

If disposal fees will be paid by Solid Waste charge account, please give name of account holder and charge account number:

Name: _____ Acct. No. _____
For information on establishing a Solid Waste charge account, call 296-4448.

Description of Material: _____

Source of Material (give address and location at address):

Use of material prior to disposal: _____

Weight or volume of material to be disposed: _____

Frequency of disposal: _____

Requested disposal schedule (give dates): _____

Requested disposal facility: _____
(transfer station, Cedar Hills landfill, etc.)



AGC2H000799

Waste Clearance No. _____

TYPE OF MATERIAL: Please check category and provide requested information.
Attach extra pages if necessary.

☐ Animal or food waste

Description: _____

☐ Asbestos-containing waste

Describe method of containerization: _____

If PSAPCA Notice of Intent to Remove or Encapsulate is required, this form is not necessary. Refer to PUT 7-2 for asbestos guidelines.

☐ Containerized liquids

List number and size of containers and contents of each container:

☐ Contaminated soil, or industrial waste (please circle applicable category of waste).

Maximum daily volume to be disposed: _____

Description of chemical characteristics, if known: _____

* Have any chemical analyses been performed on this material? _____
If yes, please attach copy of analysis from representative samples.

If industrial waste, please describe the process which generates this waste and the ingredients of that process.

Attach Material Safety Data Sheet, if available.

☐ Drum containers - empty

Number/size: _____

Contents before emptying: _____

Method of emptying: _____

☐ Dusty material

Describe method of containerization: _____

☐ Infectious Waste as defined by PUT 7-2 (to be disposed of in King County Solid Waste handling/disposal facilities)

Type

Treatment Method

Waste Clearance No. _____

TYPE OF MATERIAL (continued)

Other infectious waste disposed of outside of King County system:

Type

Destination

Attach documentation of treatment of infectious waste.

Other

Describe: _____

Include a completed environmental checklist (WAC 197-11-960) or other pertinent SEPA document for all materials in quantities greater than 50 cubic yards. Include any other pertinent reports or documents that have been prepared relating to this waste.

* * *

I, _____, hereby certify under penalty of perjury under the laws of the State of Washington, that all the information contained above is true and correct and that this waste fully complies with the regulations of the Seattle-King County Department of Public Health and the King County Solid Waste Division.

Generator Signature_____
Print Name_____
Title_____
Date

For contaminated soils or industrial waste, send completed form to:

Seattle-King County Department of Public Health
Waste Screening Program
172 - 20th Avenue
Seattle, WA 98122

Telephone: (206) 296-4633
FAX*: (206) 296-0188

For other wastes requiring clearance under this Rule, return completed form to:

King County Solid Waste Division,
Engineering Services, Waste Clearance Program
450 King County Administration Building
500 Fourth Avenue
Seattle, WA 98104

Telephone: (206) 296-4411
FAX*: (206) 296-0197

* Clearance Forms transmitted by FAX must be followed by mailed original.